UTILITY PATENT APPLICATION			ATTORNEY DOCKET 85905D-W		
TRANSMITTAL UNDER 37 CFR 1.53(b)			Customer No. 01333		
To: Commissioner for Patents			Express Mail Label No.		
P.O. Box 1450			Į		
Alexandria, VA. 22313-1450			EV 293538824 US		
INK JET INK SET			Date: Oct	ober 28,2003	7510 U.S. 10/69516
First Named Inventor (or Application Identifier):					17510
James W. Blease, et al					
Enclosed are:  1. X Specification				ssignment of the invention to	
2. Sheet(s) of drawing(s)				astman Kodak Company ertified copy of a priority	
3. Information Disclosure Statement Under 37 CFR			8. A	ssociate Power of Attorney	
<ul><li>1.97.</li><li>Combined Declaration for Patent Application and Power of Attorney:</li></ul>					
<ul><li>4. Combined Declaration for Patent Application and Power of Attorney:</li><li>4a. X New</li></ul>					
4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)					
	Reference (useable if		9. <u>Deletion of Inventor(s)</u> .		
checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s					
which a copy of the oath or declaration is supplied under Box 4b, in the prior application, see 37 CFR 1.63(d)(2) and is considered as being part of the disclosure of the accompanying 1.33(b).					
application and is hereby incor			1.55(0).		
			identified applica	ation, amend the specification a	at Page 1,
after the title, by inserting the following:					
CROSS REFERENCE TO RELATED APPLICATION					
Reference is made to and priority claimed from U.S. Provisional Application Serial No.,					
filed, entitled.  If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:					
11. Continuation Divisional Continuation-in-part (CIP) of prior application No:					
12. X Please address all written communications to Paul A. Leipold, Patent Legal Staff,					
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.					
	ephone calls to Doree				
The filing fee has been calculate	ted as shown below:				
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	
BASIC FEE				\$ 770	
TOTAL CLAIMS	23 - 20 =	3	x 18 =	\$ 54	
INDEPENDENT CLAIMS	4 - 3 =	1	x 86 =	\$ 86	
MULTIPLE DEPENDEN	II CLAIM PRESEN	TED	+ 290	\$ 0	
			TOTAL	\$ 910	
X Please charge my Eastma	n Kodak Company I	Denosit Accoun	t No. 05-0225 in t	the amount of \$ 910	
11 Troube charge my Eustina		py of this shee		and amount of 4 2 = 5	
X The Commissioner is hereby authorized to charge any additional filing fees required under					
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u> .					
A duplicate copy of this sheet is enclosed.					
			$\mathcal{L}$	rella	
Doreen M. Wells/fd		orney for Applicants			
Telephone: 585-588-2405 Registrat				Cants	
Facsimile: 585-477-1148		stration No. 34	t,∠ / O		
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